START 3 QUESTIONED COSTS

Sign and send to Will LaBombard with cc: to Ginny Hope

CONTRACTOR: Weston Solutions, Inc.	
CONTRACT: EP-S5-17-02 START 4	
REPORTING PERIOD: <u>01/27/18 – 02/23/18</u>	
Task Order No.:	Voucher:
TDD No.:	
TDD Name:	
REVIEWER'S CONCERN:	

REVIEWER'S SIGNATURE/DATE: